

CEPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

REF ID: A2021 SEP 10 1981

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

DETACH

C

15 16

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr. mo. & day)

FMOD049975998

840913

I. NAME OF INSTALLATION

WAGNER REUSE PROJECT

17 18

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C

3 SUITE 800 130 S. BEMI STON

19 20

CITY OR TOWN

ST.

ZIP CODE

4 CLAYTON

MO 63105

19 20

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C

5 6400 PLYMOUTH AVENUE

19 20

CITY OR TOWN

ST.

ZIP CODE

6 WELLSTON

MO 63133

19 20

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 WEIDEMANN WAYNE PROJECT MANAGER

314-721-0900

19 20

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C

8 ST LOUIS COUNTY LAND CLEARANCE AUTHORITY

19 20

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

- A. GENERATION
By prior owners
 C. TREAT/STORE/DISPOSE

- B. TRANSPORTATION (complete item VII)
 D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

 A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether
If this is not your first notification, enter your installa-

441394

TION'S ACTIVITY OR A SUBSEQUENT NOTIFICATION.
N. 1

RCRA RECORDS

 A. FIRST NOTIFICATION B.

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W														

DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6	
F 0 0 8						
13 - 20	13 - 20	13 - 16	13 - 20	13 - 20	13 - 20	
7	8	9	10	11	12	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous wastes from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	
19	20	21	22	23	24	
13 - 20	13 - 20	13 - 14	13 - 20	13 - 20	13 - 20	
25	26	27	28	29	30	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	
37	38	39	40	41	42	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	
43	44	45	46	47	48	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	

HOSPITAL INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous wastes from hospitals, veterinary clinics, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54	
13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	13 - 20	

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

1. IGNITABLE
(D001)

2. CORROSIVE
(D002)

3. REACTIVE
(D003)

4. TOXIC
(D004)

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all related documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

POSITION	NAME & OFFICIAL TITLE (TYPE OR PRINT)	DATE SIGNED
<i>R. E. Edwards</i>	Les Liebmann Executive Director	August 24, 1984

Form 8700-12 (8-80) REVERSE

Region VII, Kansas City, Missouri 64106

SEP 17 1984

SPCS / SPMS

DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Interoffice Communication

To Joan Patti US EPA KC Subject generator notification
From Ken Purvis MO DNR Date Sept. 13, 1984

The enclosed form represents a site previously owned and registered by McGraw Edison-Wagner Division with the EPA number MOD 049975998.

K. Purvis

CORE SCREEN
Notif.

Changed 8/18/84